

PART B - ISSUE FEE TRANSMISSION

Complete and mail this form, together with applicable fees, to: Box ISSUE FEE
Assistant Commissioner for Patents
Washington, D.C. 20231

VS-15

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

FARKAS & MANELLI, PLLC
2000 M STREET, N.W.
7TH FLOOR
WASHINGTON DC 20036-3307



Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO:	FLILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/009,294	01/20/98	299	KALAFUT, S	1745 10/18/98
First Named Applicant	MILLS,		35 USC 154 (b) term ext. =	0 Days.

TITLE OF INVENTION HYDRIDE COMPOUNDS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1 911319	423-644.000	D12	UTILITY	NO	\$1210.00	01/18/00

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Jeffrey S. Melcher

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE Blacklight Power Inc.

(B) RESIDENCE: (CITY & STATE OR COUNTRY) Cranbury, New Jersey

Please check the appropriate assignee category indicated below (will not be printed on the patent)

individual corporation or other private group entity government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

Issue Fee

Advance Order - # of Copies 3

4b. The following fees or deficiency in these fees should be charged to:

DEPOSIT ACCOUNT NUMBER 50-0687

(ENCLOSE AN EXTRA COPY OF THIS FORM)

Issue Fee

Advance Order - # of Copies 3

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Jeffrey S. Melcher 35,950

(Date)

10/21/1999

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

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10/22/1999 STEFERR1 00000077 09009294

01 FC:561
02 FC:242

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Publishing Division

OCT 29 1999

15

TRANSMIT THIS FORM WITH FEE

#18

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT Application of
Mills

Application No. 09/009,294

Filed: 1/20/98

For: HYDRIDE COMPOUNDS



Attention:

OFFICE OF PUBLICATIONS

Allowed: 10/18/99

Batch no.: D12

* * * * *
October 21, 1999

FILING OF FORMAL DRAWINGS AFTER ALLOWANCE

Asst. Commissioner of Patents
and Trademarks
Washington, D.C. 20231

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OCT 25 1999

SEARCHED, DIVISION
C5

Sir:

Please accept the herewith 52 sheets of formal drawing on A4 size paper (of Figs. 1-51), which is in lieu of the informal drawing filed earlier.

The original due date is January 18, 2000.

(If required) Petition is hereby made to extend the original due date to cover the date this paper and attachment(s) are filed for which a check in the amount of \$ is enclosed. If this amount is missing or deficient, please charge any deficiency to deposit account no. 50-0687, under order no. 62-266, for which two copies of this paper are enclosed.

Respectfully submitted,
Farkas & Manelli, PLLC

By 
Jeffrey S. Melcher
Reg. No.: 35,950
Tel. No.: (202) 261-1045
Fax. No.: (202) 887-0336

Customer No. 20736

B.D
pt 16
1-24-00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT APPLICATION of
Inventor(s): Mills

Group Art Unit: 1745

Appln. No.: 09/009,294

Examiner: Kalafut

Filing Date: 1/20/1998

Title: HYDRIDE COMPOUNDS



October 21, 1999

CORRECTION OF ISSUE FEE TRANSMITTAL

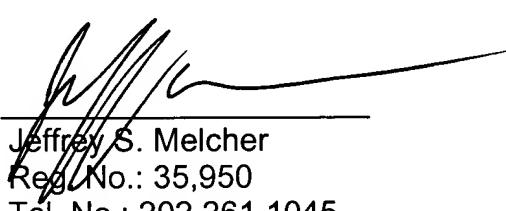
Hon. Asst. Commissioner
of Patents and Trademarks
Washington, D.C. 20231

Sir:

The Issue Fee Transmittal incorrectly states that the subject Applicant is a small entity. Attached is a facsimile of a new Verified Statement of Small Entity Status signed by the Assignee to replace the previously filed Verified Statement of Small Entity Status, copy attached. Thus, the above-identified application should properly be accorded small entity status.

Respectfully submitted,
Farkas & Manelli, PLLC

By _____


Jeffrey S. Melcher
Reg. No.: 35,950
Tel. No.: 202.261.1045
Fax. No.: 202.887.0336

Customer No. 20736

PTO/SB/10 (1-99)

Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(c))--SMALL BUSINESS CONCERN**
Docket Number (Optional)
91139Applicant, Patentee, or Identifier: **Mills**Application or Patent No.: **09/009,294**Filed or Issued: **1/20/1998**Title: **HYDRIDE COMPOUNDS**

I hereby state that I am

- the owner of the small business concern identified below.
 an official of the small business concern empowered to act on behalf of the concern identified below.

NAME OF SMALL BUSINESS CONCERN **Blacklight Power Incorporated**ADDRESS OF SMALL BUSINESS CONCERN **493 Edinburg Road, Cranbury
New Jersey 08512**

I hereby state that the above identified small business concern qualifies as a small business concern as defined in 13 CFR Part 121 for purposes of paying reduced fees to the United States Patent and Trademark Office. Questions related to size standards for a small business concern may be directed to: Small Business Administration, Size Standards Staff, 409 Third Street, SW, Washington, DC 20416.

I hereby state that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:

- the specification filed herewith with title as listed above.
 the application identified above.
 the patent identified above.

If the rights held by the above identified small business concern are not exclusive, each individual, concern, or organization having rights in the invention must file separate statements as to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization having any rights in the invention is listed below:
 no such person, concern, or organization exists.
 each such person, concern, or organization is listed below.

Separate statements are required from each named person, concern or organization having rights to the invention stating their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

NAME OF PERSON SIGNING **Randell L. Mills**TITLE OF PERSON IF OTHER THAN OWNER **President**ADDRESS OF PERSON SIGNING **493 Edinburg Road, Cranbury, NJ 08512**SIGNATURE ***Randell L. Mills*** DATE **10/11/98**



Commissioner of Patents Please acknowledge receipt of the attached (specified below)
and Trademarks by date stamping and returning this pre-addressed postcard.

File # 9113-19 Serial/Patent/Registration # 06/009,294

Matter: Angie Landell L. Miller, for: "Hy-
droide Compounds"

<input type="checkbox"/> Application w/Drawing	<input type="checkbox"/> Specification (____ pgs.)	Final Fee
<input type="checkbox"/> Specimens (____)	<input type="checkbox"/> Claims (____ pgs.)	<input checked="" type="checkbox"/> Fee \$ <u>1,220.00</u>
<input type="checkbox"/> Trans. Ltr. w/____ Copies	<input type="checkbox"/> Abstract (____ pgs.)	(Dep. Act. 19-1135)
<input type="checkbox"/> Response to _____ O.A.	<input type="checkbox"/> Drawings (____ sheets)	<u>(credit)</u>
<input type="checkbox"/> Communication	<input type="checkbox"/> Decl. and P.O.A.	
<input type="checkbox"/> A.A.U./S.O.U./E.O.T.S.O.U.	<input type="checkbox"/> Priority Document	
<input type="checkbox"/> Decl. Under Sec. _____	<input type="checkbox"/> Amendment	
<input type="checkbox"/> Renewal Application	<input type="checkbox"/> Assignment/Merger/Chg.Nm.	
<input type="checkbox"/> Ext. Time Oppose/Not. Opp.	<input checked="" type="checkbox"/> Other <u>Request for Refund (2 Dep. 19-1135) Stat. of Alimony</u> <u>Child Support (2 Oct.)</u>	

EXP. MAIL #